

**DEPARTMENT OF HEALTH SERVICES**

**MEDI-CAL BENEFITS BRANCH  
MEDI-CAL POLICY DIVISION  
714/744 P Street, Room 1640  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-1460**



June 6, 2000

TO: Local Educational Consortias (LEC)  
Local Governmental Agencies (LGA)  
Medi-Cal Administrative Activities (MAA) and **PPL NO. 00-009**  
Targeted Case Management (TCM) Coordinators

SUBJECT: **NOTIFICATION OF TIME SURVEYS MONTH FOR FISCAL YEAR 2000/01**

The purpose of this transmittal is to notify all LECs and LGAs participating in the TCM and/or MAA programs for the fiscal year 2000-01 of the option of performing a time survey during the months of September or October 2000. Time Survey training will be provided in conjunction with Local Educational Agency (LEA) and LGA Coordinators upon request.

The attached Time Survey Form must be submitted to the Department of Health Services (Department) 30 days prior to the month that the time survey will be performed, and be sent to the address shown below.

Department of Health Services  
Administrative Claiming Unit  
Attention: Ms. Alice Childress  
714 P Street, Room 1640  
P.O. Box 942732  
Sacramento, CA 95814

Please refer to PPL No. 99-005 for changes in notification to the Department for any time surveys that are not being conducted in the above designated months.

Enclosed is a Time Survey Request Form that should be used for all requests to conduct a time survey during a month other than the Department's designated month. Failure to obtain prior Department approval of a time survey may result in a denial and return of MAA invoices.

The MAA Time Survey and the Time Request Form are not required if claiming units are only direct charging costs. The MAA Claiming Plan must indicate the costs being direct charged.

All Local Educational Consortias (LEC)  
Local Governmental Agencies (LGA)  
Medi-Cal Administrative Activities MAA and  
Targeted Case Management (TCM) Coordinator  
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If you should have any questions concerning these policies, please contact  
Ms. Alice Childress, Chief of the Administrative Claiming Unit, at (916) 657-0627 or by  
e-mail [achildres@dhs.ca.gov](mailto:achildres@dhs.ca.gov).

Sincerely,

**Original signed by D. Mitchell**

David Mitchell, Chief

Enclosure

cc: Ms. Cathleen Gentry  
Local Governmental Agency  
MAA/TCM Consultant  
455 Pine Avenue  
Half Moon Bay, CA 94019

Mr. Larry Lee  
Accountant  
Division of Medicaid  
801 I Street, Room 210  
Sacramento, CA 95814

Ms. Mickey Richie  
Local Liaison  
Office of the Director  
714 P Street, Room 1253  
Sacramento, CA 95814

DEPARTMENT OF HEALTH SERVICES  
TIME SURVEY REQUEST FORM

**SUBMIT ONE FORM PER CLAIMING UNIT**

\_\_\_\_\_  
LGA or LEC

\_\_\_\_\_  
Program or Local Education Agency

\_\_\_\_\_  
Claiming Unit Name (as it appears in the Claiming Plan)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Return to:

Department of Health Services  
Administrative Claiming Unit  
714 P Street, Room 1640  
P.O. Box 942732  
Sacramento, CA 94234-7320

The Local Governmental Agency or Local Education Consortium identified above request approval from the Department of Health Services (DHS) to conduct a time survey for Medi-Cal Administrative Activities for fiscal year \_\_\_\_\_ during the month of

\_\_\_\_\_  
Month Year

We understand that the process of this time survey must meet the same criteria as the time survey period designated by the DHS. Results from this time survey shall be in effect from the first day of the calendar quarter in the time survey is conducted, and shall remain in effect until superseded by a subsequent time survey conducted during the fiscal year.

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by DHS \_\_\_\_\_

Denied by DHS \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date